

## **Effective Care Measures Results Basic Plans**

### Blue Shield of California

- Compared to 2005, scores decreased in 2006 for strep test (from 47 to 34) and breast cancer screening (from 79 to 71). For the strep test measure, Blue Shield states the score reflects data capture problems. Audits of the data indicate that providers appropriately render this service, but some providers are not properly reporting. Blue Shield seeks to improve data capture for strep test. For the breast cancer screening, Blue Shield is providing reminders to members and their physicians.

### Kaiser Permanente

- Scores for hypertension control have trended upward and, compared to 2005, the 2006 score increased from 56 to 75. Kaiser attributes this improvement to its concerted multi-year effort to actively promote evidence-based care guidelines implemented in response to a 2003 CalPERS request.
- Scores for colorectal cancer screening have trended below other CalPERS plans and the CCHRI average, and for 2006 the score (41) is again below the CCHRI average (49). Kaiser implemented a comprehensive plan to improve colorectal cancer screening rates that includes reporting monthly facility screening rates, prompts for members and providers, increasing physician and support staff, and improving access and productivity for procedures. Kaiser also plans a large screening outreach program to begin in early 2007.

### Western Health Advantage

- Compared to 2005, scores improved in most measures. Scores in diabetes measures increased. WHA attributes this to effective disease management, provider incentive programs, member incentives to receive appropriate services, and provider training.
- Compared to 2005, scores decreased or did not improve in a few measures (colorectal cancer screening, appropriate treatment for URI, strep tests, and antidepressant medication management visits). WHA has quality improvement activities in place for each of these measures.

### PERSCare and PERS Choice Basic Plans

- Compared to 2005, PERSCare scores improved for colorectal cancer screening, strep tests for sore throat, prenatal care, and follow up after mental illness hospitalization. For PERS Choice, scores increased for beta blocker after heart attack, persistence in beta blockers, and 7-day follow up after

mental illness hospital stay. Improvement in these measures is likely due to Quality Improvement programs which include a provider incentive program to improve follow up after mental illness hospitalization.

- Compared to 2005, PERSCare scores decreased for appropriate imaging for low back pain, appropriate antibiotic use for URI, strep tests, postpartum visits, beta blocker after heart attack, treatment visits for depression, and diabetic measures. For PERS Choice, scores decreased for strep tests, postpartum care, treatment visits for depression, and diabetic measures. Blue Cross seeks to improve some of these measures through a pilot PPO Physician Quality and Incentive Program to provide monetary incentives for physicians to follow evidence-based practice guidelines and provide efficient care. Also, Blue Cross has a Quality Improvement program in place to promote the appropriate use of antibiotics.